



Special Points of Interest for Primary Care

SMC Advice

Published 13 February:

- Botulinum toxin A (Botox®)
- Desmopressin (Noqdirna®)
- Elbasvir/grazoprevir (Zepatier®)
- Everolimus (Afinitor®)
- Evolocumab pre-filled pen (Repatha® Sureclick) or pre-filled syringe (Repatha® PFS)
- Iron III isomaltoside (Diafer®)
- Osimertinib (Tagrisso®)
- Pembrolizumab (Keytruda®)
- Pitolisant (Wakix®)
- Trifluridine/tipiracil (Lonsurf®)
- Vernakalant (Brinavess®)

Published 13 March:

- Abatacept (Orencia®)
- Lacosomide (Vimpat®)
- Liposomal irinotecan hydrochloride trihydrate (Onivyde®)
- Obinutuzumab (Gazyvaro®)



Drug Safety Updates

Please follow link - Drug Safety Updates 2017: [March](#)

Hyoscine butylbromide injection: caution in patients with cardiac disease

Hyoscine butylbromide injection is widely used in NHS Tayside as an antispasmodic agent and for its anti-secretory actions in palliative care patients. Hyoscine butylbromide can cause serious adverse effects including tachycardia, hypotension & anaphylaxis. These adverse effects can be more serious in patients with underlying cardiac disease. There have been eight reports of death in patients receiving hyoscine butylbromide, reported mainly as acute MI or cardiac arrest. The SPC has been updated to highlight this risk.

See [Drug Safety Update, February 2017](#) for further information.



Guidelines and Protocols

Medicines in Scotland: What's the right treatment for me? Information for patient and the public

Copies of a medicines booklet for patients and the public will be distributed to each GP surgery, community pharmacy and hospital in NHS Scotland by the end of March. A two-page summary is also available which contains the main messages from the medicines booklet. The medicines booklet and summary are available on the Healthcare Improvement Scotland website: <http://www.healthcareimprovementscotland.org/medicinesbooklet.aspx>

The medicines booklet is presented as an A5 booklet. It focuses on the patient journey starting at consultation and explains how people can work with their doctor (or other healthcare professional) to decide whether a medicine is needed and if so, which to prescribe. It also explains about the likely benefits and possible risks of medicines.

The medicines booklet has the potential to underpin the conversations required between patients and healthcare professionals to fulfil the quality ambitions of NHS Scotland, educate the public about the benefits and risks of medicines and engage patients in shared decision-making, ultimately leading to higher quality care, reduced risk, less waste and better outcomes. The medicines booklet therefore supports NHS Scotland ambitions of safe, effective and person-centred care which were recently reinforced in The Chief Medical Officer's Annual Reports 2014-2015 *Realistic Medicine* and 2015-2016 *Realising Realistic Medicine, The National Clinical Strategy for Scotland and Prescription for Excellence*.

The medicines booklet was developed by the Area Drug and Therapeutics Committee (ADTC) Collaborative, hosted by Healthcare Improvement Scotland. The team worked with healthcare professionals, public partners, public involvement groups, patient and carer support groups across NHS Scotland and the School of Pharmacy at The Robert Gordon University.



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Guidelines and Protocols

Adult Intravenous (IV) Aminophylline and Oral (PO) Theophylline Protocol

A [Protocol for IV aminophylline and PO theophylline](#) has been approved by the Medicines Policy Group, Respiratory MCN, and Planned Care Clinical Governance Group. The protocol, which has been linked to the formulary (section [03.01.03 – Theophylline](#)), is more comprehensive than information that was previously included on theophylline from the Therapeutic Drug Monitoring formulary guidance.

All information on prescribing, monitoring, dose titration, and administration of IV aminophylline or PO theophylline for use in primary care (theophylline) or secondary care (aminophylline or theophylline) has been included within the one document.

H pylori Eradication Guidance

Updated guidance on [H Pylori testing and eradication for adults](#) has been approved by the Antimicrobial Management Group (AMG) and Gastroenterology. This guidance which has been linked to the formulary (section [01.03 Helicobacter pylori infection](#)), gives recommendations for suitable regime choices taking into account the antibiotic history of the patient, penicillin allergy status and whether there have been previous attempts at eradication.



Prescribing Changes

Nystatin for Oral Candidiasis

Over the last year there have been significant changes in the national recommended dose regime for nystatin in the treatment of oral candidiasis in adults and children. The recommended dose in the BNF was increased from 1ml four times a day to 4-6ml four times a day for adults and older children; and 2ml for infants. There were additional complications in that:

- The two main manufacturers had different dosage regimes making it difficult to prescribe generic nystatin accurately within the specified product license.
- The evidence behind the change in dosage appeared to be weak.
- The cost of treatment would increase pro-rata with the dosage increase.
- The pack size of 30ml remained unchanged meaning this would give sufficient treatment for one day only. Multiple bottles would have to be prescribed to give adequate supply for a complete course.

It has now become apparent that the dose change has once again reverted to the original regime for all licensed products i.e.

Nystatin oral suspension 100,000 units per ml; 1ml four times a day (30ml pack)

This is now the consistent dose regime in the BNF and Summary of Product Characteristics.

NHS Tayside will update all affected policies back to the original dose as per manufacturers' advice in due course. It is not clear why the dosage regimes have changed once again causing additional workload and confusion for prescribers and the teams involved in producing local guidance.

Formulary Review Recommendations

The Tayside Area Formulary was re-launched at the Tayside Area Drug and Therapeutics Committee on Thursday, 20th April 2017. For further details see [Vital Signs No. 914](#).

Gastroenterology Formulary Review

Chapter 1 (Gastro-intestinal system) of the formulary and the Gastroenterology Specialist list have been reviewed and rationalised on the basis of cost effectiveness.

Key Messages

- Dyspepsia & gastro-oesophageal reflux disease (GORD) - 1st line Peptac[®] - review patients prescribed Gaviscon[®] Advance
- Proton pump inhibitors (PPIs) - 1st line omeprazole or lansoprazole
- Esomeprazole capsules restricted to use under direction of gastroenterology
- Prednisolone 1mg & 5mg standard tablets most cost-effective option*
- Prednisolone 5mg standard tablets 28 x 5 mg - £0.97 Vs £60 for 30 x 5mg soluble tablets
- Prednisolone 25mg standard tablets - 56 x 25mg -£75.00
- All prednisolone gastro-resistant tablets (including 2.5mg) are non-formulary
- Inflammatory bowel disease (IBD) - topical corticosteroid: 1st line Colifoam[®] (hydrocortisone rectal foam) £9.36 Vs £187 prednisolone foam enema)

* prednisolone 25mg may be appropriate for specific areas (e.g. Oncology, Haematology & Renal)

Respiratory Formulary Review

Chapter 3 (Respiratory system) of the formulary and the Respiratory Specialist list have been reviewed and rationalised to reflect the most up to date evidence.

Key Messages

- MDIs (aerosol/soft mist) should be inhaled SLOW and STEADY
- DPIs (dry powder (pre-filled or with capsule)) should be inhaled QUICK and DEEP
- Local treatment pathways and the formulary reflect the need to establish the device best suited to the individual patient
- Inhaled medicine charts updated to:
 - reflect the most up to date evidence
 - only include 1st line formulary choices
- Carbocisteine is restricted to continuation only after clinical review at 4 weeks (note maintenance dose is 750mg twice daily)

Formulary Review - Drugs for Urinary Incontinence

Section 7.4.2 of the Tayside Area Formulary has been reviewed to promote regular review of medicines for urinary incontinence to improve patient safety and encourage cost effective prescribing.

Key Messages

Non-pharmacological measures should be tried 1st line

Drug treatment:

- 1st line - tolterodine immediate-release (IR)
- 2nd line - oxybutynin IR
- Avoid IR oxybutynin in elderly, frail or those with cognitive impairment
- Modified-release (MR) oxybutynin not recommended for new patients
- Solifenacin restricted to recommendation by Urology or Uro-gynaecology (Amber traffic light)
- Monitor for antimuscarinic side effects
- 6 monthly review of antimuscarinic agents

Cost - 30 days treatment:

Tolterodine 2mg twice daily - £3.33 Vs MR 4mg daily -£13.81
Oxybutynin 5mg twice daily - £3.39, 5mg four times a day - £6.79 Vs MR 10mg daily - £27.54, MR 20mg daily - £55.08
Solifenacin 5mg daily - £27.62, 10mg daily - £35.91

Medicine	Condition Being Treated	NHS Board Decision	Comments and Useful Links
Botulinum toxin A, 50 Allergan units, 100 Allergan units, 200 Allergan units, powder for solution for injection (Botox®) SMC No. 692/11 Resubmission Accepted Restricted	Prophylaxis of headaches in adults with chronic migraine (headaches on at least 15 days per month of which at least 8 days are with migraine). <u>SMC Restriction:</u> use in adults with chronic migraine whose condition has failed to respond to ≥3 prior oral prophylactic treatments, where medication overuse has been appropriately managed.	Not routinely available as local implementation plans are being developed or the ADTC is waiting for further advice from local clinical experts - decision expected by June 2017	SMC Advice SPC Links: 50 units 100 units 200 units
Desmopressin 25 microgram, 50 microgram oral lyophilisate (Noqdirna®) SMC No. 1218/17 Full submission Not recommended	Symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults.	Not available as not recommended for use in NHS Scotland	SMC Advice
Elbasvir 50 mg, grazoprevir 100mg film-coated tablet (Zepatier®) SMC No. 1203/17 Full submission Accepted	Treatment of chronic hepatitis C (CHC) in adults. (The efficacy of elbasvir-grazoprevir has not been demonstrated in genotypes 2, 3, 5 and 6. Elbasvir-grazoprevir is not recommended in patients infected with these genotypes).	Available in line with National Guidance Hospital Use only Hep C Clinic	SMC Advice SPC Link
Everolimus 2.5mg, 5mg and 10mg tablets (Afinitor®) SMC No. 1215/17 Full submission assessed under the ultra-orphan medicine process Accepted	Treatment of unresectable or metastatic, well-differentiated (Grade 1 or Grade 2) non-functional neuroendocrine tumours of gastrointestinal or lung origin in adults with progressive disease.	Not routinely available as local implementation plans are being developed or the ADTC is waiting for further advice from local clinical experts - decision expected by June 2017	SMC Advice SPC Link
Evolocumab 140mg solution for injection in pre-filled pen (Repatha® Sureclick) or pre-filled syringe (Repatha® PFS) SMC No. 1148/16 Resubmission Accepted restricted	In adults with primary hypercholesterolaemia (heterozygous familial hypercholesterolaemia and non-familial) or mixed dyslipidaemia, as an adjunct to diet: • in combination with a statin or statin with other lipid lowering therapies in patients unable to reach low density lipoprotein-cholesterol (LDL-C) goals with the maximum tolerated dose of a statin or, • alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated. <u>SMC restriction:</u> for specialist use only, when administered at a dose of 140mg every two weeks, in patients at high cardiovascular risk as follows: patients with heterozygous familial hypercholesterolaemia (HeFH) and LDL-C ≥5.0mmol/L for primary prevention of cardiovascular events or, patients with HeFH and LDL-C ≥3.5mmol/L for secondary prevention of cardiovascular events or, patients at high risk due to previous cardiovascular events and LDL-C ≥4.0mmol/L or patients with recurrent/polyvascular disease and LDL-C ≥3.5mmol/L	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines (Link to TAF)	SMC Advice SPC Link
Iron III isomaltoside 1000 (contains 50mg iron per mL) solution for injection (Diafer®) SMC No. 1177/16 Resubmission Accepted	Treatment of iron deficiency in adults with chronic kidney disease (CKD) on dialysis, when oral iron preparations are ineffective or cannot be used.	Not routinely available as local clinical experts do not wish to add the medicine to the formulary at this time or there is a local preference for alternative medicines (Link to TAF)	SMC Advice SPC Link
Osimertinib 40mg and 80mg film-coated tablets (Tagrisso®) SMC No. 1214/17 Full Submission Accepted restricted	Treatment of adult patients with locally advanced or metastatic epidermal growth factor receptor (EGFR) T790M mutation-positive non-small-cell lung cancer (NSCLC). <u>SMC Restriction:</u> in patients who have received previous treatment with an EGFR tyrosine kinase inhibitor	Not routinely available as local implementation plans are being developed or the ADTC is waiting for further advice from local clinical experts - decision expected by June 2017	SMC Advice SPC Link

Medicine	Condition Being Treated	NHS Board Decision	Comments and Useful Links
Pembrolizumab 50mg powder for concentrate for solution for infusion (Keytruda) SMC No. 1204/17 Full submission assessed under the end of life and orphan medicine process Accepted restricted	Treatment of locally advanced or metastatic non-small cell lung carcinoma (NSCLC) in adults whose tumours express programmed death ligand 1 (PD-L1) and who have received at least one prior chemotherapy regimen. SMC Restriction: treatment with pembrolizumab is subject to a two-year clinical stopping rule.	Not routinely available as local implementation plans are being developed or the ADTC is waiting for further advice from local clinical experts - decision expected by June 2017	SMC Advice SPC Link
Pitolisant 4.5mg/18mg film-coated tablets (Wakix®) SMC No. 1229/17 Absence of submission Not recommended	Treatment of narcolepsy with or without cataplexy in adults	Not available as not recommended for use in NHS Scotland	SMC Advice
Trifluridine/tipiracil (as hydrochloride), 15mg/6.14mg and 20mg/8.19mg film-coated tablets (Lonsurf®) SMC No. 1221/17 Full submission assessed under the end-of-life and orphan-equivalent process Accepted	Treatment of adult patients with metastatic colorectal cancer (CRC) who have been previously treated with, or are not considered candidates for, available therapies including fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapies, anti-vascular endothelial growth factor agents, and anti-epidermal growth factor receptor agents.	Not routinely available as local implementation plans are being developed or the ADTC is waiting for further advice from local clinical experts - decision expected by June 2017	SMC Advice SPC Link
Vernakalant 20mg/ml concentrate for solution for infusion (Brinavess®) SMC No. 1222/17 Absence of submission Not recommended	Rapid conversion of recent onset atrial fibrillation to sinus rhythm in adults: • For non-surgery patients: atrial fibrillation ≤ 7 days duration • For post-cardiac surgery patients: atrial fibrillation ≤ 3 days duration	Not available as not recommended for use in NHS Scotland	SMC Advice

Medicine	Condition Being Treated	NHS Board Decision	Comments and Useful Links
Abatacept 125mg solution for injection (pre-filled syringe), 125mg solution for injection in pre-filled pen, 250mg powder for concentrate for solution for infusion (Orencia®) SMC No. 1230/17 Absence of a submission Not recommended	Treatment of highly active and progressive disease in adult patients with rheumatoid arthritis not previously treated with methotrexate.	Not available as not recommended for use in NHS Scotland	SMC Advice
Lacosamide 50mg/100mg/150mg/200mg film-coated tablets / 10mg/mL solution for infusion / 10mg/mL syrup (Vimpat®) SMC No. 1231/17 Absence of a submission Not Recommended	As monotherapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent (16-18 years) patients with epilepsy.	Not available as not recommended for use in NHS Scotland	SMC Advice
Liposomal irinotecan hydrochloride trihydrate (as irinotecan sucrosfate salt), 5mg/mL concentrate for solution for infusion (Onivyde®) SMC No. 1217/17 Full submission assessed under the orphan and end of life process Not recommended	Treatment of metastatic adenocarcinoma of the pancreas, in combination with fluorouracil (5-FU) and leucovorin (folinic acid), in adult patients who have progressed following gemcitabine based therapy.	Not available as not recommended for use in NHS Scotland	SMC Advice
Obinutuzumab 1,000mg concentrate for solution for infusion (Gazyvaro®) SMC No. 1219/17 Full submission under the ultra-orphan medicine process Accepted	In combination with bendamustine followed by obinutuzumab maintenance, is indicated for the treatment of patients with follicular lymphoma who did not respond or who progressed during or up to six months after treatment with rituximab or a rituximab-containing regimen.	Not routinely available as local implementation plans are being developed or the ADTC is waiting for further advice from local clinical experts - decision expected by June 2017	SMC Advice SPC Link

Local processes exist to allow prescribing of non-SMC approved medicines for individual patients and are available in the [NHS Tayside Policy on the Prescribing of Medicines that are Non-formulary \(including Individual Patient Treatment Requests\)](#).

Updates from previous SMC Advice

Medicine	Condition Being Treated	NHS Board Decision	Comments and Useful Links
Diamorphine hydrochloride 720mcg/actuation and 1600 mcg/actuation nasal spray (Ayendi®) SMC No. (1172/16) Abbreviated submission	Treatment of acute severe nociceptive pain in children and adolescents in a hospital setting. Diamorphine nasal spray should be administered in the emergency setting by practitioners experienced in the administration of opioids in children with appropriate monitoring.	Available in line with national guidance Hospital only (A&E)	SMC Advice SPC Links: 720mcg 1600mcg
Migalastat 123mg hard capsules (Galafold®) SMC No. (1196/16) Following a full submission	Long term treatment of adults and adolescents aged 16 years and older with a confirmed diagnosis of Fabry disease (α -galactoside A Deficiency) and who have an amenable mutation SMC Restriction: in males with classic mutations treatment should commence at diagnosis. In females and males with later onset mutations treatment should commence when patients experience uncontrolled pain, evidence of renal, cardia or neurovascular disease, or GI symptoms that significantly reduce quality of life.	Available in line with National guidance – Hospital use only	SMC Advice SPC Link: not available



Tayside Area Formulary (TAF) Updates - Mar/Apr 2017

Medicines within the Tayside Area Formulary are intended to guide choice on a rational selection of medicines for **adults** which have been included on the basis of clinical efficacy, safety, patient acceptability and cost-effectiveness.

TAF Section	Drug(s)/Topic	Changes
Specialist Formulary Lists	Gastroenterology	Gastroenterology Specialist Formulary list updated to remove telaprevir and boceprevir and add elbasvir and grazoprevir film-coated tablet (Zepatier®) for chronic hepatitis C.
01.01	Dyspepsia and gastro-oesophageal reflux disease	Gaviscon Advance® now restricted to prescribing for symptoms of laryngopharyngeal reflux (LPR) (Silent Reflux) and link to ENT department Silent Reflux PIL added. Note added that Mucogel® (current formulary choice of co-magaldrox) is more cost effective than Maalox®.
01.02	Antispasmodics and other drugs altering gut motility	Link to MHRA Drug Safety Update. Hyoscine butylbromide (Buscopan) injection: risk of serious adverse effects in patients with underlying cardiac disease, February 2017 added.
01.03	Antisecretory drugs and mucosal protectants	Link to updated guidance on H Pylori Testing and Eradication in Adults added. See <i>page 2</i> for further information. Ranitidine effervescent tablets and oral solution removed from formulary due to cost and note added to highlight this.
01.05	Chronic bowel disorders	New sub-sections (Oral, Topical, and Parenteral) added under Corticosteroids to make this section clearer. Prednisolone 25mg tablets, and 2.5mg E/C tablets now non-formulary. Cost of 5mg soluble tablets highlighted. Hydrocortisone rectal foam (Colifoam®) now listed as first choice topical preparation; budesonide rectal foam (Budenofalk®) now listed as second choice topical preparation; and prednisolone rectal foam now listed as third choice topical preparation. Note also added on significant cost of prednisolone rectal foam.
01.05.04	Probiotics	Link to Tayside Treatment Protocol for VSL#3 Probiotic in Pouchitis updated to latest reviewed version (no changes to protocol content).
01.06	Laxatives	Laxido® Orange now joint first choice osmotic laxative with lactulose. Docusate sodium solution/liquid removed from formulary due to cost and note added to highlight this. Arachis oil enema note added on significant cost of this preparation. Klean-Prep® replaced with Moviprep® for bowel cleansing preparations prior to procedures (Picolax® remains in formulary for some procedures). Choice of preparation is guided by the specialist area performing the procedure.
02.07	Sympathomimetics	Midodrine (Bramox®) now formulary (Amber traffic light) and added to the Medicine for the Elderly Specialist Formulary list for prescribing under specialist direction for severe orthostatic hypotension (only after other interventions have been tried) as per updated guidance notes .
02.08.02	Stroke prevention in AF	Apixaban and rivaroxaban now both equal formulary choices (after Warfarin (first choice)) for prevention of stroke and systemic embolism in adults with non-valvular atrial fibrillation as per updated Tayside Approach to Thromboprophylaxis for patients with non-valvular AF .
02.12	Bile acid sequestrants	Colesevelam hydrochloride added to formulary, Cardiology Specialist Formulary list and Gastroenterology Specialist Formulary list (Amber traffic light) for use only under specialist direction. Off-label for bile acid malabsorption. Link added to NICE ESUOM22 Bile acid malabsorption: colesevelam, October 2013 .

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Tayside Area Formulary (TAF) Updates - Mar/Apr 2017

TAF Section	Drug(s)/Topic	Changes
Specialist Formulary Lists	Respiratory	Respiratory Specialist Formulary list updated to remove tiotropium (Spiriva® Respimat®) for asthma as per BTS/SIGN guidance , as this is now a Green traffic light medicine within the formulary. Aminophylline (intravenous infusion) added as a Red traffic light (Hospital Only) medicine.
Chapter 3	Respiratory system	Links to Respiratory MCN Adult Asthma Inhaled Medicine Chart and Respiratory MCN COPD Inhaled Medicine Chart are to latest updated versions.
03.01.01.01	Long-acting beta ₂ agonists - Chronic Obstructive Pulmonary Disease (COPD)	This section removed from the formulary including: indacaterol (Onbrez Breezhaler®), formoterol fumarate (Easyhaler®), and olodaterol (Striverdi Respimat®) - all single agent long-acting beta ₂ agonists for COPD now non-formulary.
03.01.02	Antimuscarinic bronchodilators - Asthma	Tiotropium (Spiriva® Respimat®) now listed as first choice (antimuscarinic bronchodilator) for additional add-on therapy for adult asthma as per BTS/SIGN guidance . This has also been changed from Amber to Green traffic light.
03.01.02	Antimuscarinic bronchodilators - Chronic Obstructive Pulmonary Disease	Glycopyrronium inhaler (Seebri Breezhaler®▼), umeclidinium (Incruse Ellipta®▼), and tiotropium (Spiriva® Respimat®), now first choice antimuscarinic bronchodilators for COPD (step 2) as per updated Respiratory MCN COPD Inhaled Medicine Chart . Aclidinium (Eklira Genuair®▼) now a second choice antimuscarinic bronchodilator for COPD (step 2).
03.01.03	Theophylline	Link to the Protocol for Intravenous (IV) aminophylline and Oral (PO) theophylline added. See page 2 for further information.
03.01.04	Compound bronchodilator preparations (inhaled)	Indacaterol and glycopyrronium (Ultibro® Breezhaler®▼), umeclidinium and vilanterol (Anoro® Ellipta®▼), and tiotropium and olodaterol (Spiolto Respimat®▼), now first choice compound bronchodilator preparations for COPD (step 3) as per updated Respiratory MCN COPD Inhaled Medicine Chart . Aclidinium and formoterol fumarate (Duaklir Genuair®▼) now a second choice compound bronchodilator for COPD (step 3).
03.01.05	Peak flow meters, inhaler devices and nebulisers	Volumatic® spacer device removed from formulary as AeroChamber Plus® is for use with all pressurised metered-dose inhalers (MDIs). Text on use of spacer devices now in line with BNF information.
03.02	Corticosteroids (inhaled) – single agent	Beclometasone (Qvar®) now first choice MDI option of single agent inhaled corticosteroid for adults with asthma as per BTS/SIGN guidance . Beclometasone dry powder (most cost-effective device is Easyhaler®) now first choice dry powder inhaler (DPI) option of single agent inhaled corticosteroid for adults with asthma as per BTS/SIGN guidance . Beclometasone (Clenil Modulite®) and budesonide dry powder inhaler now non-formulary.
03.02	Compound preparations - Asthma	Beclometasone and formoterol (Fostair®) now first choice MDI option of compound (ICS/LABA) preparation for adult asthma as per BTS/SIGN guidance , and fluticasone propionate and formoterol (Flutiform®) second choice. Beclometasone and formoterol (Fostair NEXThaler®) now first choice DPI option of compound preparation for adult asthma as per BTS/SIGN guidance , and fluticasone furoate and vilanterol (Relvar Ellipta®▼) second choice. Budesonide and formoterol (DuoResp Spiromax®) now non-formulary.
03.02	Compound preparations - Chronic Obstructive Pulmonary Disease	Beclometasone and formoterol (Fostair®) and (Fostair NEXThaler®), and fluticasone furoate and vilanterol (Relvar Ellipta®▼) now first choice option of compound bronchodilator (ICS/LABA) for COPD (step 4) as per updated Respiratory MCN COPD Inhaled Medicine Chart . Budesonide and formoterol (Symbicort®) now second choice option of compound preparation (aerosol inhalation) for COPD (step 4). Budesonide and formoterol (DuoResp Spiromax®) now non-formulary.
03.04.03	Anaphylaxis	Emerade® (adrenaline (as tartrate)) solution for injection in pre-filled pen added to formulary for self-administration of intramuscular adrenaline for anaphylaxis in new patients prescribed adrenaline auto-injector. Training of patients is required for those new to self-administered adrenaline and for any patients who are to be switched between different brands of devices. See Tayside Prescriber No. 146 for further information.
03.07	Mucolytics	Carbocisteine now listed as restricted, see page 3 for further information.
05.03.03.02	Chronic hepatitis C	Elbasvir/grazoprevir (Zepatier®▼) tablets added to formulary and Gastroenterology Specialist Formulary list (Hospital Only) as per SMC advice. See SMC advice on page 4.
06.01.06	Oral glucose tolerance test	Glucose (Rapilose® OGTT) oral solution added for oral glucose tolerance tests (preferred agent in primary care).
06.03.01	Replacement therapy	Link to updated guidance notes on orthostatic hypotension amended.

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Tayside Area Formulary (TAF) Updates - Mar/Apr 2017

TAF Section	Drug(s)/Topic	Changes
07.04.02	Urinary incontinence	<p>Links to NICE CG171 Urinary incontinence in women: management, last updated Nov 2015 and NICE CG97 Lower urinary tract symptoms in men: management, last updated June 2015 added as previous SIGN guideline withdrawn.</p> <p>Links to NHS Tayside Clinical Knowledge Pathway - Physiotherapy / CATS management of urinary incontinence in women and Scottish Polypharmacy Guidance, March 2015 added.</p> <p>Tolterodine tartrate standard (immediate-release) tablets now first choice antimuscarinic for urinary incontinence. Oxybutynin standard (immediate-release) tablets now second choice antimuscarinic for urinary incontinence. Oxybutynin patches are restricted to use in patients who cannot take oral antimuscarinics. Note added to avoid oxybutynin (immediate-release) tablets in elderly, frail or those with cognitive impairment. Solifenacin now an Amber traffic light (only for prescribing by GPs on the advice of Urology/Uro-gynaecology) and added to the Urology Specialist list and Obstetrics & Gynaecology Specialist list. See page 3 for further information.</p> <p>New sub-sections added: Beta3-adrenoceptor agonists for mirabegron, and Botulinum toxin (urinary incontinence) for botulinum toxin type A (Botox®).</p>
13.02.02	Barrier preparations	Recommended barrier products used in the management of incontinence updated: 'Sorbaderm cream' and 'Sureprep no-sting film spray' now recommended.
13.05.02	Other Systemic therapy for psoriasis	Apremilast treatment protocol updated further to MHRA Drug Safety Update. Apremilast: risk of suicidal thoughts and behaviour, January 2017 .

Forthcoming SMC Advice

Local implementation of SMC recommendations is taken forward by the Tayside Prescribing Support Unit (PSU). This bulletin is based on evidence available to Tayside PSU at time of publication and is covered by the Disclaimer and Terms & Conditions of Use.

[CLICK HERE](#) for access to the Medicines Governance section of the Pharmacy Staffnet site.

This bulletin is produced by the Medicines Advisory Group (MAG), which is a sub-group of the NHS Tayside Drug and Therapeutics Committee. Please direct any queries to either:

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